

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004789

1. Entity Name
CFO BUSINESS PARTNERS, L.L.C.

FILED

01 JAN 17 PM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1300 RIVERPLACE BLVD., SUITE 300
JACKSONVILLE FL 32207

Mailing Address
1300 RIVERPLACE BLVD., SUITE 300
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3588174

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOLES, JERRY G
1300 RIVERPLACE BLVD., SUITE 300
JACKSONVILLE FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME NOLES, JERRY G
STREET ADDRESS 1300 RIVERPLACE BLVD., SUITE 300
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 800003582638-9
STREET ADDRESS -01/26/01--01149--032
CITY-ST-ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jerry G. Noles
JERRY G. NOLES

1/11/01 904: 346-0944

CR2E083 (11/00)